

Big Box Storage AutoPay

Update Credit/Debit Card Pre-Authorization Information

Please complete this form and return by fax, email or regular mail.

Fax number: (858) 536-8269 Phone number: (800) 391-4890

Email address: customersupport@bigbox.com

Mailing address: P.O. Box 81792 San Diego, CA 92138

Big Box Storage Account Number (r	noted on top of storage contract): 01-
Name on Account:	
Home Phone:	Work Phone:
Update Credit/Debit Card Int	formation
Name as it appears on card:	
Card Number:	Exp. Date:
CID Number (3 digits following the acco	unt # on rear of card. With AmEx, 4 digits on card's front):
Card Billing Zip Code:	
incurred under the above noted according	ge my credit/debit card, as noted above, for payment of any fees unt with Big Box Storage. I agree to promptly inform Big Box
incurred under the above noted according to accept new charges. I understand	unt with Big Box Storage. I agree to promptly inform Big Box a changes, if my credit card expires, or if my credit card is unab Big Box Storage reserves the right to terminate this payment plants.
incurred under the above noted according to accept new charges. I understand I Further, I may elect to discontinue mat least ten (10) days notice.	unt with Big Box Storage. I agree to promptly inform Big Box a changes, if my credit card expires, or if my credit card is unable Big Box Storage reserves the right to terminate this payment plan by enrollment in this payment plan by providing Big Box Storage
incurred under the above noted according to accept new charges. I understand I Further, I may elect to discontinue mat least ten (10) days notice.	unt with Big Box Storage. I agree to promptly inform Big Box a changes, if my credit card expires, or if my credit card is unable Big Box Storage reserves the right to terminate this payment plan by enrollment in this payment plan by providing Big Box Storage
incurred under the above noted according storage if my credit card information to accept new charges. I understand in Further, I may elect to discontinue must least ten (10) days notice. Cardholder Signature: Cancel My AutoPay Plan Please cancel my AutoPay plan. I understand in the storage of the stora	unt with Big Box Storage. I agree to promptly inform Big Box a changes, if my credit card expires, or if my credit card is unable Big Box Storage reserves the right to terminate this payment plan by enrollment in this payment plan by providing Big Box Storage. Date: